PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

U 7390 P12897

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER SMALL	
TOTAL CLAIMS			7 ((Ooia.	(Oolaliiii 2)		RATE FEE		OR I	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC		370.00		BASIC FEE	740.00
			0(-	ENEXINA			3/0.00	OR	BASIC I LL	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* 0		X\$ 9			OR	X\$18=	144
INDEPENDENT CLAIMS			Ci minus 3 =				X42:			OR	X84=	84
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT				+140	=		OR	+280=	-
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	TOTA	Ĺ		OR	TOTAL	
CLAIMS AS AMENDED - PART II)	OTHER	THAN
	(Column 1) (Column 2) (Column 1) · CLAIMS HIGHEST						SMAI	L E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		· CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	.48	Minus	** 2	38	=	X\$ 9	=		OR	X\$18=	
AME	Independent	* 4	Minus	***	T CLAIM	-	X42=			OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=.		OR	+280=	
								AL EE	;	OR	TOTAL ADDIT. FEE	-
		ADDIT. F					<i>f</i> .					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9:	:		OR	X\$18=	i
AME	Independent	*	Minus	***		=	X42=			OR	X84=	
Ù	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	r CLAIM		+140:			OR	+280=	
								AL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. F	EL			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=	X\$ 9=		,	OR	X\$18=	
AME	Independent	*	Minus	***		=-	X42=	1		OR	X84=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	•
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pai					r found in th	арр	ropriat box	in col	umn 1.	